

RCG/3722
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 09/845,976

Filing Date April 30, 2001

First Named Inventor Robert J. Panek, Jr.

Art Unit 3727

Examiner Name Stephen J. Castellano

Attorney Docket No. TCO1-102US

ENCLOSURES (Check all that apply)

- Fee Transmittal Form
 Fee Attached
- Amendment/Reply
 After Final
 Affidavits/Declaration(s)
- Extension of Time Request
- Express Abandonment Request
- Information Disclosure Statement
- Certified Copy of Priority Document(s)
- Response to Missing Parts/
Incomplete Application
- Response to Missing Parts under
37 CFR 1.52 or 1.53

- Drawing(s)
 Licensing-related Papers
 Petition
 Petition to Convert to a
Provisional Application
 Power of Attorney, Revocation,
Change of Correspondence
Address
 Terminal Disclaimer
 Request for Refund
 CD, Number of CD(s) _____

- After Allowance Communication
to Group
 Appeal Communication to Board
of Appeals and Interferences
 Appeal Communication to Group
(Appeal Notice, Brief, Reply
Brief)
 Proprietary Information
 Status Letter
 Other Enclosure(s) (please
identify below): RCE
Transmittal, Preliminary
Amendment (31 pages), Return
Receipt Postcard, 2 checks

Remarks:**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm or Individual	Joshua L. Cohen	Registration No. (Attorney/Agent)	38,040
Signature			
Date	January 16, 2004		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

January 16, 2004

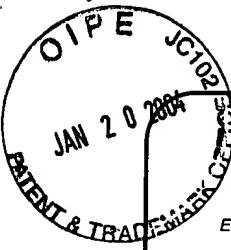
Name (Print/Type)	Joshua L. Cohen		
Signature		Date	January 16, 2004

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1720

Complete if Known

Application Number	09/845,976
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First Named Inventor	Robert J. Panek, Jr.
Examiner Name	Stephen J. Castellano
Art Unit	3727
Attorney Docket No.	TCO1-102US

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number

18-0350

Deposit Account Name

RatnerPrestia

The Director is authorized to: (check all that apply)

-
- Charge fee(s) indicated below
-
- Credit any overpayments
-
- Charge any additional fee(s) or any underpayment of fee(s)
-
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
SUBTOTAL (1)		(\$ 0)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** = 0	X 0 = 0	= 0
Multiple Dependent	-3** = 0	X 0 = 0	= 0
		X 0 = 0	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 0)		

**or number previously paid, if greater; For Reissues, see above

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 1720)

SUBMITTED BY

Complete if applicable

Name (Print/Type)	Joshua L. Cohen	Registration No. Attorney/Agent	38,040	Telephone	(610) 407-0700
Signature	<i>Joshua L. Cohen</i>		Date	January 16, 2004	

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